PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Doctor Stampher 69214822		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		RATE	FEE	ļ	RATE	FEE
	IC FEE CFR 1.16(a))							\$	OR		s
	AL CLAIMS CFR 1.16(c))		minus 20 =				× \$=		OR	x s=	
INDE	PENDENT CLAU	ws .	minus 3 = ·		•		x \$=		OR	x s=	
MULTIPLE DEPENDENT CLAIN PRESENT (37 CFR 1.16(d))							+5 =		OR	+5=	
* If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	
CLATMS AS AMENDED - PART II											
(n(H))									OR		RTHAN
<u> </u>	7090	(Column 1)	_	(Cotumn 2)	(Cotumn 3)	ı	SMALL	ENTITY	1	SMALL	ENTITY
N A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
AMENDMENT	Total profe 1.16(4)	22	Minus	20	5		x s=		OR	x 200 =	5000
	Independent (37 CFR 1.16(b))	-3	Minus	# Z-	•		x.s=		OR	x s=	
AM	FIRST PRESENT	TATION OF MULTIPL	E DEPENDI	ENT CLAIM (37 CF	R 1.16(d))		+5 =		OR	+s =	
						!	TOTAL ADDL FEE		OR	TOTAL ADD'L FEE	•
(Column 1) (Column 2) (Column 3)											
NT B	-	CLAIMS REMAINING AFTER AMENDMENT	¥	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total (37 CFR 1.16(ct)	•	Minus	**	t		x \$=		OR	x \$=	
EN	Independent (S7 CFR 1.16(b))	•	Minus	bat	=		x s=		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+\$=	
							TOTAL ADOL FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)				-		
ST C		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(d)	AMENDMENT	Minus	**	•		X \$_ =		OR	x \$=	
AMENDMEN	Independent G7 CFR 1.16(p)	·	Minus	***			x \$ =		OR	x \$=	
AME		TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CI	R 1,16(d))		+5 =		OR	+ \$=	
						1	TOTAL ADOL FEE		OR	TOTAL ADO'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											
•	" If the "Highest	Number Previoust	y Pald For	IN THIS SPACE	is less than 3, e	ente	er *3*.				

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.